

Award# 6 NU62PS924784-03-02 FAIN# NU62PS924784

Federal Award Date: 02/11/2025

## **Recipient Information**

#### 1. Recipient Name

WHITMAN-WALKER CLINIC INC

1377 R St. NW Ste 200

Washington, DC 20009-6293

[NoPhoneRecord]

# 2. Congressional District of Recipient

- 3. Payment System Identifier (ID)
- 4. Employer Identification Number (EIN)
- 5. Data Universal Numbering System (DUNS)
- 6. Recipient's Unique Entity Identifier (UEI)

## 7. Project Director or Principal Investigator

Britt Walsh

Principal Investigator

bwalsh@whitman-walker.org

202-797-4457

#### 8. Authorized Official

Ms. Meghan Davies

N/A

mdavies@whitman-walker.org

202-797-4454

#### **Federal Agency Information**

CDC Office of Financial Resources

## 9. Awarding Agency Contact Information

Mrs. Benita Bosier-Ingram

Grant Management Specialist

ula8@cdc.gov

404-638-7434

#### 10.Program Official Contact Information

Kashif Iqbal

Health Scientist

kai9@cdc.gov

4047188556

### Federal Award Information

#### 11. Award Number

6 NU62PS924784-03-02

12. Unique Federal Award Identification Number (FAIN)

NU62PS924784

#### 13. Statutory Authority

Sections 301 and 318(b) of the Public Health Service Act; 42 USC Sections 241 and 247c(a), as amended

#### 14. Federal Award Project Title

Community to Care: Expanding Access to Status-Neutral Services for Gender Diverse People in DC

### 15. Assistance Listing Number

93 944

#### 16. Assistance Listing Program Title

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance

#### 17. Award Action Type

NGA Revision

#### 18. Is the Award R&D?

No

Summary Federal Award Financia	l Information
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19.	<b>Budget Period Start Date</b>	06/30/2024	- End Date	06/29/2025

20. Total Amount of Federal Funds Obligated by this Action	\$0.00
20a. Direct Cost Amount	\$0.00
20b. Indirect Cost Amount	\$0.00
21. Authorized Carryover	\$0.00

**22.** Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$500,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00
 25. Total Federal and Non-Federal Approved this Budget Period \$500,000.00

26. Period of Performance Start Date 06/30/2022 - End Date 06/29/2026

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance

\$1,500,000.00

#### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

#### 29. Grants Management Officer - Signature

Ms. Stephanie Latham

Team Lead, Grants Management Officer

#### 30. Remarks

DEPARTMENT OF HEALTH AND HU

Centers for Disease Control and Prevention

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## **Recipient Information**

#### Recipient Name

WHITMAN-WALKER CLINIC INC 1377 R St. NW Ste 200

Washington, DC 20009-6293

[NoPhoneRecord]

## **Congressional District of Recipient**

98

**Payment Account Number and Type** 

**Employer Identification Number (EIN) Data** 

Universal Numbering System (DUNS)

Recipient's Unique Entity Identifier (UEI)

## 31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

## 33. Approved Budget

(Excludes Direct Assistance)

- I. Financial Assistance from the Federal Awarding Agency Only
- II. Total project costs including grant funds and all other financial participation

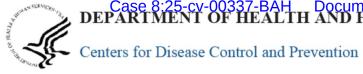
ii. Total project costs including grant funds and an other infancial participation			
a. Salaries and Wages	\$168,682.00		
b. Fringe Benefits	\$102,120.00		
c. TotalPersonnelCosts	\$270,802.00		
d. Equipment	\$0.00		
e. Supplies	\$1,432.00		
f. Travel	\$4,500.00		
g. Construction	\$0.00		
h. Other	\$35,943.00		
i. Contractual	\$100,000.00		
j. TOTAL DIRECT COSTS	\$412,677.00		
k. INDIRECT COSTS	\$87,323.00		
I. TOTAL APPROVED BUDGET	\$500,000.00		
m. Federal Share	\$500,000,00		

## m. Federal Share \$500,000.00

n. Non-Federal Share \$0.00

## 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390JT6	22NU62PS924784	PS	41.51	93.944	\$0.00	75-22-0950
3-9390JT6	22NU62PS924784	PS	41.51	93.944	\$0.00	75-23-0950
4-9390JT6	22NU62PS924784	PS	41.51	93.944	\$0.00	75-24-0950



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## **Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

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## **AWARD ATTACHMENTS**

WHITMAN-WALKER CLINIC INC

6 NU62PS924784-03-02

1. Terms and Conditions

## **TERMS AND CONDITIONS OF AWARD**

In compliance with the Temporary Restraining Order issued on January 31, 2025, in the United States District Court in the District of Rhode Island, the purpose of this amendment is to **rescind** the **Termination** Notice of Award issued January 31, 2025.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.